

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	212518651			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         1.) CORPORATION NAME:  <b>ALFA MUTUAL INSURANCE COMPANY</b>          2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>KENNETH T GEE</b>  <b>ALFA ALLIANCE INSURANCE CORPORATION</b>  <b>4480 COX RD</b>   <b>GLEN ALLEN, VA 23060</b>           3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b>           4.) STATE OR COUNTRY OF INCORPORATION:  <b>AL</b> </div> <div style="width: 35%;">         DUE DATE: <b>7/31/2012</b>           SCC ID NO: <b>F1479593</b>           5.) STOCK INFORMATION  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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6.) PRINCIPAL OFFICE ADDRESS:  <div style="text-align: center;">         ADDRESS: 2108 E SOUTH BLVD          CITY/ST/ZIP: MONTGOMERY, AL 36116       </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: JERRY ALLEN NEWBY            TITLE: PRES/CEO            ADDRESS: 2108 E SOUTH BLVD            CITY/ST/ZIP/CO: MONTGOMERY, AL 36116         </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">           OFFICER      <input checked="" type="checkbox"/> DIRECTOR         </td> </tr> </table>			NAME: JERRY ALLEN NEWBY TITLE: PRES/CEO ADDRESS: 2108 E SOUTH BLVD CITY/ST/ZIP/CO: MONTGOMERY, AL 36116	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	JOE DICKERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116		
NAME:	S. STEVE DUNN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116		
NAME:	RICHARD EDGAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116		
NAME:	TED GRANTLAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116		
NAME:	JAKE HARPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116		
NAME:	DARREL HAYNES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116		
NAME:	GARRY HENRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116		
NAME:	DELL HILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116		
NAME:	HAL LEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116		
NAME:	DICKIE ODOM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116		
NAME:	CARL SANDERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN E WALKER,III DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICKY WIGGINS DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEAN WYSNER DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ H ALAN SCOTT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	H ALAN SCOTT, SECRETARY PRINTED NAME AND CORPORATE TITLE	5/18/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			